

Application Data Sheet

Application Information

Application Type::	DIVISIONAL
Subject Matter::	Utility
Suggested classification::	Unknown
Suggested Group Art Unit::	Unknown
CD-ROM or CD-R?::	None
Number of CD disks::	None
Number of copies of CDs::	None
Sequence submission?::	YES
Computer Readable Form (CRF)?::	YES
Number of copies of CRF::	1
Title::	PULMONARY DELIVERY FOR BIOCONJUGATION
Attorney Docket Number::	500862001810
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	None
Total Drawing Sheets::	None
Small Entity?::	Yes
Petition included?::	No
Petition Type::	None
Secrecy Order in Parent Appl.?::	No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: **Alan**
Middle Name:: **M.**
Family Name:: **EZRIN**
City of Residence:: Moraga
Country of Residence:: United States
Street of mailing address:: 110 Quintas Lane
City of mailing address:: Moraga
State or Province of mailing address:: California
Country of mailing address:: United States
Postal or Zip Code of mailing address:: 94556

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Canada
Status:: Full Capacity
Given Name:: **ANGELICA**
Family Name:: **FLESER**
City of Residence:: Montreal
Country of Residence:: Canada
Street of mailing address:: 11150 Paris #6
City of mailing address:: Montreal
State or Province of mailing address:: Quebec
Country of mailing address:: Canada
Postal or Zip Code of mailing address:: H1H 4L1

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Canada
Status:: Full Capacity
Given Name:: **Martin**
Family Name:: **ROBITAILLE**
City of Residence:: Granby, Quebec
Country of Residence:: Canada
Street of mailing address:: 491 Frechette
City of mailing address:: Granby
State or Province of mailing address:: Quebec
Country of mailing address:: Canada
Postal or Zip Code of mailing address:: J2G 6A2

Applicant Authority Type:: Inventor
Primary Citizenship Country:: United Kingdom
Status:: Full Capacity
Given Name:: **Peter**
Middle Name: **G.**
Family Name:: **MILNER**
City of Residence:: Los Altos Hills
Country of Residence:: USA
Street of mailing address:: 14690 Manuella Road
City of mailing address:: Los Altos Hills
State or Province of mailing address:: CA
Country of mailing address:: USA
Postal or Zip Code of mailing address:: 94022

Applicant Authority Type::	Inventor
Primary Citizenship Country::	Canada
Status::	Full Capacity
Given Name::	DOMINIQUE
Middle Name:	P.
Family Name::	BRIDON
City of Residence::	Ville Mont-Royal
Country of Residence::	CANADA
Street of mailing address::	1375 Scarboro Road
City of mailing address::	Ville Mont-Royal
State or Province of mailing address::	QUEBEC
Country of mailing address::	CANADA
Postal or Zip Code of mailing address::	H3P 2S2

Assignee Information

Assignee name::	CONJUCHEM, INC.
Street of mailing address::	225 President Kennedy Avenue Third Floor, Suite 3950
City of mailing address::	Montreal
State or Province of mailing address::	Quebec
Country of mailing address::	CANADA
Postal or Zip Code of mailing address::	H2X 3Y8

Correspondence Information

Correspondence Customer Number::	20872
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Representative Information

Representative Customer Number::	20872
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Domestic Priority Information

Application:: this application	Continuity Type:: Divisional of	Parent Application:: 09/656,121	Parent Filing Date:: 9/6/2000
09/656,121	An application claiming the benefit under 35 USC 119(e)	60/152,681	9/7/1999